


Local Agency and MPOs requesting access to the Equal Opportunity Compliance (EOC) System

To request for EOC access, user will need to fill out 2 forms and the computer security certificate (generates after watching security video). **Note: Send forms and CBT certificate to EOOHelp@dot.state.fl.us**

1. Complete the -> [Local Agency & MPO Access Form](#): Fill out the highlighted portions

[Print Form](#)



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
Equal Opportunity Compliance System Access Request
EOC LOCAL AGENCY & MPO USERS

Equal Opportunity Office

The Florida Department of Transportation, Equal Opportunity Office has been charged with requirements of reporting Disadvantaged Business Enterprise Information to the U.S. Department of Transportation, Federal Highway Administration (FHWA) according to the new 49 Code of Federal Regulations Part 26. The Equal Opportunity Compliance (EOC) System was developed to collect, review and report DBE commitments, payments and the bidder opportunity lists. In order to have access to the web based EOC System, please fill out the information below.

Select the Role you will need in the EOC System? Please check one:

☐ Local Agency/MPO Resident Compliance Specialist ☐ Report User(read only access)

New User Information:

User First and Last Name (Required):

User's Phone (Required):

User's Email Address (Required):

District(s) #(Required):

Agency/Vendor ID(Required):

Local Agency Name(s) (Required):

I understand that every user is responsible for systems security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls established by information resource owners and custodians and for protecting sensitive information against unauthorized disclosure. I also understand that it is the user's responsibility to protect all of his or her passwords from being disclosed and to refuse to accept any other user's password. I, personally, and as the representative of the above entity, fully understand the exempt nature of the public records to which I have access and agree to maintain the exempt status of this information in accordance with Florida law.

***Note: In addition to this form, please fill out the Computer Security Awareness Form [CSAR Form](#) and complete the [Security CBT](#).**

User's Signature (Required): Date (Required):

Local Agency/MPO Rep. Signature (Required):

***Note: Agency Rep Signature is the signature of the authorized representative of your Agency.**

Fax completed Forms to (850)414-4879 or Email to: EOOHelp@dot.state.fl.us

2. Complete the -> [FDOT security form](#): Fill out the highlighted portions

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
FDOT COMPUTER SECURITY ACCESS REQUEST

325-060-05
INFORMATION SYSTEMS
09/15

User Information: Name: _____

Existing Userid (If applicable): _____ Contact Phone (Required): _____

Cost Center #/Name: _____ / _____

User's Email: _____ User's Phone: _____

User's Acceptance of Conditions:
By signing below, I signify that I have read and understand that I am subject to all the provisions of:

- Chapter 119, Florida Statutes, Public Records
- Section 281.301, Florida Statutes – Safety and Security Services
- Chapter 282, Florida Statutes – Communications and Data Processing
- Section 282.318, Florida Statutes – Security of Data and Information Technology Resources
- Chapter 815, Florida Statutes – Computer Related Crimes
- Procedure 050-020-026 - Distribution of Exempt Documents Concerning Department Structures and Confidential and Exempt Security System

I understand that every employee is responsible for systems security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls established by information resource owners and custodians and for protecting sensitive information against unauthorized disclosure. I also understand that it is the user's responsibility to protect all of his or her passwords from being disclosed and to refuse to accept any other user's password.

I also understand that signing below indicates that I have read and completed the following:

FDOT Security's New Employee Required Reading:
<http://www.dot.state.fl.us/computersecurity/ITpolicies.shtml>
Computer Security Awareness for New Employees - Course and Quiz
<http://www.dot.state.fl.us/computersecurity/NewUserCBT/NewCBT/csa-newuser.shtml>

User's Signature: _____ Date: _____

Request Type: ☒ New User ☐ Name Change ☐ Access Change ☐ Termination ☐ Transfer

(If Termination or Transfer, please enter the information requested below)

Effective Date: _____ Effective Time: _____
Person Responsible for cleaning up employee's Mainframe Catalog: _____
Name: _____ Userid: _____ Phone: _____

New Account Type: (If New User/Transfer was selected above, please indicate the type of account being requested.)

☐ Employee/OPS ☒ Consultant/Contractor ☐ Generic/Service ☐ Outside Agency ☐ FTP Only

☐ Other (Please explain): _____

Type of Computer Access Requested:

☒ Mainframe (Required for New User) ☐ EDMS (Must complete the EDMS Addendum)

☐ Email ☐ FTP (Must complete the FTP Addendum)

☐ Dial-In (RAS) ☐ FTA (Must complete the FTA Addendum)

☐ CITS ☐ SUNPASS (Must complete the Sunpass Addendum)

☐ Metaframe/Citrix _____ ☐ VPN/Wireless VPN (Must complete the VPN/Wireless VPN Addendum)

(Please Specify) _____

☐ DOMAIN AND/OR LAN ACCESS: _____ OU: _____
AD Groups: (Please provide details) _____

☐ Other Security Access: (Please provide details) _____

3. View the -> [security computer based training](#) (CBT) and fill out certificate (Note: enter **full name** and **date** on certificate)

